

APPLICATION FOR LIQUEFIED PETROLEUM GAS (LPG) DEALER LICENSE

INSTRUCTIONS

The following application consists of this instruction page and two pages that require responses. Please read all questions carefully and complete the entire application by providing all of the requested information. Some questions may require additional documentation and your application cannot be processed until the Bureau receives all required documentation. You are responsible to order documentation that must be received directly from third parties, and to instruct the third party to send the documents directly to the Board office at the address below. If you are unable to provide any of the required documentation, or the documentation is otherwise unobtainable, you must submit a written explanation and any documents in your possession that would assist the Board in reviewing your application. Your signature must be notarized and the appropriate fees must be attached. Be sure to attach any requested supplemental information. Submit the completed form to the address noted below. The Board will consider only properly completed applications. Failure to provide a complete application, supporting documentation, and fees will result in a delay in your license.

INDIVIDUAL DEALERS

If you are applying for an individual dealer license, you must document the following:

1. Proof of being at least eighteen (18) years of age (copy of birth certificate, driver's license, or government issued ID);
2. Proof of successful completion of a certified educational training program approved by the board;
3. Proof of experience;
4. Proof of successfully passing the required examination within 36 months of making application.

For applications received prior to July 1, 2006, the Board may deem other education, experience, or examinations equivalent to the licensing requirements as equivalent, if the applicant provides documentation of:

- (a) Experience in Idaho prior to July 1, 2005, in the LPG industry; and
- (b) Practice for not less than 5 years in the field for which a license is being sought.

ENDORSEMENT

The Board may approve licensure for applicants who hold current, unsuspended, unrevoked or otherwise nonsanctioned licenses in another state or country, whenever the Board determines that the other state or country has licensing requirements substantially equivalent to or higher than Idaho's. Such applicants must submit the required application, supporting documentation, and the required fee. The Board may require applicants who received their professional education or experience outside of the United States to provide additional information. The Board may also require successful completion of additional course work or examination.

Your original license will expire on your next birthday plus 12 months and must be renewed to allow continued practice. In the case of the license of a facility, the original license will expire 12 months from the anniversary date of issue. A renewal notice will be sent approximately 6 weeks prior to the expiration date to the mailing address you provide. Failure to notify the Bureau in writing of any change of name or address may result in you not receiving renewal forms or other correspondence.

APPLICATION FEE	\$ 30.00
ORIGINAL INDIVIDUAL LICENSE FEE	\$ 50.00

Questions regarding this application or the requirements for licensure may be addressed to:

IDAHO LIQUEFIED PETROLEUM GAS SAFETY BOARD
BUREAU OF OCCUPATIONAL LICENSES
1109 Main Street, Suite 220
Boise, Idaho 83702-5642
E-mail – lpd@ibol.idaho.gov
Web site – www.ibol.idaho.gov/lpd.htm

STATE OF IDAHO
IDAHO LIQUEFIED PETROLEUM GAS SAFETY BOARD
BUREAU OF OCCUPATIONAL LICENSES

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I hereby make application for licensure in Idaho under the provisions of Title 54, Chapter 53, Idaho Code for an Individual License.

1. Full Name (Mr., Mrs., or Ms.) _____

2. Business Address
(This is your Address of Record and is public record) Street _____ City _____ State _____ Zip _____

3. Mailing Address
(This address is not public record) Street/PO Box _____ City _____ State _____ Zip _____

4. Individual: Date of Birth ____/____/____ **Social Security No.** ____/____/____
You must attach proof of age mm dd yyyy § 73-122, I. C. requires all applicants to provide a Social Security number.

5. Business phone _(____)_____ **E-mail** _____

6. Are you a citizen of the United States? [] Yes [] No
(If No, you must provide documentation confirming that you may lawfully reside and do business in the United States.)

7. Have you or any other person referenced by this application ever held a license or been registered as an LPG dealer or for an LPG facility in any jurisdiction (any city, county, state or federal entity)? [] Yes [] No
(If Yes, list the jurisdictions & license numbers.)

8. Have you or any other person referenced by this application ever had an LPG license or registration revoked, suspended or otherwise sanctioned in any state within the past 5 years? [] Yes [] No
(If Yes, a copy of the charges and final order must be received by the Board directly from each issuing authority.)

9. Have you ever been convicted of or pled guilty to a felony or any crime involving moral turpitude? [] Yes [] No
(If Yes, a detailed statement, summary of charges, final order, probation or parole documentation, and any other relevant information must be received before your application will be processed. A Yes response DOES NOT constitute ineligibility.)

10. Have you successfully completed the Basic CETP course within the preceding 36 months? [] Yes [] No
(If Yes, documentation of successful completion must be attached. If No, see item 11.)

11. Have you successfully completed 1 year of supervised experience within the preceding 18 months? [] Yes [] No
(You must complete the EXPERIENCE ADDENDUM. The board may deem other education, experience, or examinations equivalent to the licensing requirements for those applications submitted before July 1, 2006. You must provide documentation acceptable to the board that you have both:

- Documented experience in this state prior to July 1, 2005, in the LPG industry; and
- Practiced for not less than five (5) years in the field for which you are applying for a license.

AFFIDAVIT

I hereby certify under penalty of perjury that the information provided above is true and accurate to the best of my knowledge and belief. I further certify that I have reviewed and will comply with the Idaho Laws and Rules governing LPG dealer practice. I also hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, report, record, statement, recommendation, or evidence that may have bearing on my eligibility for or maintenance of the license for which I am applying. I also hereby authorize the Bureau to release the information provided on this application about me that may otherwise be protected or confidential to other governmental agencies upon request.

Print Applicant Name Signature of Individual Applicant

State of _____, County of _____, ss
Subscribed and sworn before me this ____ day of _____, 20 ____

(seal)

Notary Public official signature
my commission expires _____

STATE OF IDAHO
IDAHO LIQUEFIED PETROLEUM GAS SAFETY BOARD
BUREAU OF OCCUPATIONAL LICENSES

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EXPERIENCE ADDENDUM

B. WORK EXPERIENCE: Please list all applicable work experience obtained. Include employer names, addresses, phone numbers and dates of practice. Experience must be verifiable by a person other than the applicant.

Name of Business _____

Employer Name _____

Employer Address _____
Street City State Zip

Name of Person who can verify experience _____

Phone # _____ E-mail: _____

Experience: From ____/____/____ To ____/____/____
mm/dd/yyyy mm/dd/yyyy

Name of Business _____

Employer Name _____

Employer Address _____
Street City State Zip

Name of Person who can verify experience _____

Phone # _____ E-mail: _____

Experience: From ____/____/____ To ____/____/____
mm/dd/yyyy mm/dd/yyyy

Name of Business _____

Employer Name _____

Employer Address _____
Street City State Zip

Name of Person who can verify experience _____

Phone # _____ E-mail: _____

Experience: From ____/____/____ To ____/____/____
mm/dd/yyyy mm/dd/yyyy

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